

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Eric J. Holcomb**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

## Dental Instructor Renewal

You may renew online at [www.pla.in.gov](http://www.pla.in.gov) or complete and mail this document with the renewal fee of \$50.00 to IPLA. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after your license expiration date you must include a \$50 late fee. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

| <b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>   |               |                         |                 |
|--|---------------|-------------------------|-----------------|
| Licensee Name  |               | License Number          | Expiration Date |
| Renewal Fee  |               |                         |                 |
| Street Address   |               |                         |                 |
| City   | State         | Zip Code                |                 |
| Phone Number   | Email Address |                         |                 |
| <b>QUESTIONS</b>   |               |                         |                 |
| 1. Since you last renewed, has any healthcare license, (including DEA), certificate, registration, or permit you hold or have held been subject to investigation, charges pending or disciplinary sanctions?   |               |                         | YES NO          |
| 2. Since you last renewed, has any license to practice dentistry in any state, (including Indiana), or country been denied, withdrawn, revoked, or suspended for disciplinary sanctions?   |               |                         | YES NO          |
| 3. Since you last renewed, have you been censured, issued a letter of reprimand, received probationary status, had restrictions or limitations placed on your ability to perform certain acts within the practice of dentistry in any state (including Indiana) or country?  |               |                         | YES NO          |
| 4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action regarding your license to practice dentistry?   |               |                         | YES NO          |
| 5. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state? |               |                         | YES NO          |
| <b>LICENSEE AFFIRMATION</b>  |               |                         |                 |
| I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the State Board of Dentistry statutes and rules and have answered the questions true to the best of my knowledge.   |               |                         |                 |
| Signature of Licensee  |               | Date (month, day, year) |                 |

Visit [www.pla.in.gov](http://www.pla.in.gov) for additional information regarding your license.  
If you have any questions for the Indiana State Board of Dentistry please email [pla8@pla.in.gov](mailto:pla8@pla.in.gov)  
or call 317-234-2054.

| <b>FOR OFFICE USE ONLY</b> |             |      |
|----------------------------|-------------|------|
| Renewal Fee                | Receipt No. | Date |